

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-873)							SERIAL NO. 1091547663		FILING DATE		
							APPLICANT(S)				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS				
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	1										
2		1									
3		1									
4		3									
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TOTAL IND.	4										
TOTAL DEP.	32	5									
TOTAL CLAIMS	36	24									

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TOTAL IND.						
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TOTAL CLAIMS						

PTO-1350 (3-79)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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